



State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

March 16, 2004

Notice to Prospective Applicants

The Department of Health Services (DHS) Primary and Rural Health Care Systems Branch (PRHCSB) is releasing this Request for Application (RFA) for the "Rural Health Services Development (RHSD) Program and the Seasonal Agricultural and Migratory Workers (SAMW) Program" to which you are invited to respond. Applications can be made for either or both Programs (RHSD and/or SAMW).

I. Application Submission Deadline

Regardless of postmark or method of delivery, the PRHCSB of the DHS must receive application packages no later than 5:00 p.m. on April 30, 2004. Refer to the attached RFA for detailed submission requirements.

II. Funding Limit

A total of \$8.203 million is anticipated to be available annually for the RHSD program for a three year term 2004-2007. A total of \$6.871 million is anticipated to be available annually for the SAMW program for a three year term 2004-2007.

III. Applicant Questions

Should you have questions or need clarifying information, submit all inquiries in writing according to the instructions in the RFA section entitled, "Written Questions about the RFA."

Thank you for your interest in the RHSD and the SAMW Programs.

Sincerely,

Alice Childress, Chief
RHSD Program and the SAMW Program

Attachment

cc: Ms. Diane Van Maren
Senior Consultant
Senate Budget and Fiscal Review
Committee
State Capitol, Room 5013
Sacramento, CA 95814

Ms. Carmela Castellano
Chief Executive Officer
California Primary Care Association
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Ms. Therese Tran
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Senate Republican Policy and Fiscal Office
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Ms. Sharon Bishop
Principle Consultant
Assembly Republican Fiscal
Committee on Budget and Appropriations
State Capitol, Room 6031
Sacramento, CA 95814

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Budget Consultant
Assembly Budget Committee
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I. BACKGROUND

Introduction	<p>The Department of Health Services (DHS), Primary and Rural Health Care Systems Branch (PRHCSB) announces the availability of funds for new and continuing community clinics for the Rural Health Services Development (RHSD) Program and the Seasonal Agricultural and Migratory Workers (SAMW) Program. The RHSD and SAMW Programs provide funding to licensed (unless exempt), private, non-profit community-based primary care clinics for primary care and preventive services to underserved rural and/or seasonal agricultural and migratory populations in California. While these are two distinct programs, only one Request For Application (RFA) is required to apply for either or both grants.</p>
Legislative and Regulatory Authority	<p>The RHSD Program was enacted in 1976. The SAMW Program was enacted in 1977. Since then, the RHSD and SAMW Programs have provided support to community clinics for primary medical, dental, outreach, nutrition and health education services to underserved populations in California.</p> <ol style="list-style-type: none">1. The RHSD Program is governed by Health and Safety Code Sections 124400 through 124440 and 124700 through 124745, and Title 22 Sections 40201 through 40245.2. The SAMW Program is governed by Health and Safety Code Sections 124400 through 124440 and 124550 through 124570.
Program Purpose	<p>The purpose of the RHSD and SAMW Programs is to improve the health of persons at risk, including the medically underserved, indigent, and those with cultural and/or language barriers, by increasing accessibility to comprehensive, quality primary health care services provided by community-based clinics.</p>
RFA Funding	<p>This RFA covers a three-year grant period as follows:</p> <ul style="list-style-type: none">• Year One: July 1, 2004 through June 30, 2005• Year Two: July 1, 2005 through June 30, 2006• Year Three: July 1, 2006 through June 30, 2007 <p>A total of \$8.203 million is anticipated to be available annually for the RHSD Program and a total of \$6.871 million is anticipated to be available annually for the SAMW Program. For each annual grant period, availability and level of funding is contingent on the appropriated funds in the State Budget.</p>

**RFA Time-
Line**

Release RFA - March 16, 2004

RFA Questions due to PRHCSB – March 30, 2004

Application due (5pm) – April 30, 2004

Grant period begins – July 1, 2004

Grant period ends – June 30, 2007

II. SERVICE COMPONENTS AND REQUIREMENTS

This Section describes the four service components for which agencies may apply. Applicants may request RHSD and/or SAMW funding to perform one or more of the following clinic service components.

Component 1 Primary Health Care

Primary health care is defined as health care that is provided by a primary health care physician (general practitioner, family practice doctor, internist, pediatrician), primary care mid-level provider (nurse practitioner, physician's assistant, certified nurse midwife), dentist, dental hygienist, and associated allied health providers in an out-patient setting and is generally the first contact that patients have with the health care system.

Primary health care includes the following:

- a. Services to the entire family
- b. Services to all age groups
- c. Coordination and integration of services through all levels of the health care system, including specialist care and hospital care
- d. Services that are accessible (located in the geographical area) to the population intended to be served
- e. Comprehensive, quality services provided in a culturally sensitive manner
- f. Emphasis on health promotion and disease prevention
- g. Diagnosis and treatment of both acute and chronic health conditions
- h. Interdisciplinary health care team

Component 2 Health Education

Health education services, delivered by a health educator or health education aide, provide education and information regarding personal health, medical conditions, and health care decision-making through direct contact (one-on-one and group) with patients, community citizen

groups and organizations. Typically, multiple educational approaches are implemented to facilitate behavior conducive to optimum health practices including:

- a. Health education program planning
- b. Patient education
- c. Community organization
- d. Public/consumer health information access

(Refer to websites www.prh.dhs.ca.gov/Programs/RHSD and www.prh.dhs.ca.gov/Programs/SAMW for Health Education Services Program Guidelines).

Component 3 Nutrition

Nutrition services cover a full range of nutritional care delivered by nutritionists/dieticians, nutrition aides or other staff. Services include one-on-one and group contacts with patients regarding basic nutrition, medical nutrition therapy, and community citizen group and organization presentations

(Refer to websites www.prh.dhs.ca.gov/Programs/RHSD and www.prh.dhs.ca.gov/Programs/SAMW for Nutrition Services Program Guidelines).

Component 4 Health Care Access Services (formerly Community Outreach)

Health Care Access Services may be developed for Primary Health Care, Nutrition and Health Education components. Access activities may be delivered one-on-one, as a group activity, or as a mass media campaign by a public health nurse, health educator, or other staff (e.g., peer worker, promotores).

Health Care Access Services provide increased access to the health care system and take into consideration ethnic and cultural barriers. These services include, but are not limited to, the following:

- a. Identification/coordination of community resources
- b. Planning and implementation of follow-up care for patients
- c. Development and implementation of health screening or health education activities
- d. Promotion of clinic services via electronic media or distribution of printed material
- e. Surveys to identify community needs
- f. Assistance with transportation
- g. Provision of home health care services

III. ELIGIBILITY REQUIREMENTS

In order to be eligible for these funds, applicants must meet general **and** specific program eligibility requirements.

General Program Requirements

All applicants must meet the following general requirements:

1. **Licensure**: Each clinic site for which grant funds are requested shall be a non-profit, community-based, primary care clinic licensed under California Health and Safety Code Section 1204 (a) (1), or exempt from licensure under Health and Safety Code Section 1206 (c).
 2. **Service Area**: Each clinic site for which funds are requested **shall** meet at least one of the following:
 - a. Be located in a Health Professional Shortage Area (HPSA) as designated by the United States Department of Health and Human Services;
 - b. Be located in a Medically Underserved Area (MUA) as designated by the United States Department of Health and Human Services;
 - c. Be a Federally Qualified Health Center (FQHC), or provide documentation that the clinic is a FQHC look-alike, or a federally designated Rural Health Center which automatically provides HPSA designation (Section 332 of the Public Health Service Act (42 U.S.C. 254e);
 - d. Serve a Medically Underserved Population (MUP) as designated by the United States Department of Health and Human Services;
 - e. Have a patient population where at least 50 percent have incomes that are at, or below, 200 percent of the federal poverty level.
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Specific Program Requirements

In addition to meeting the General Program Requirements, applicants must also meet the Specific Program Requirements for each program applied for as follows:

1. **RHSD Program**: Applicants for RHSD Program funds **shall** operate clinic(s) within a **rural** Medical Service Study Area (MSSA).
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- a. An MSSA is a subcounty geographic division within the State as established by the California Health Manpower Policy Commission.
 - b. A rural MSSA is defined as having a population density of less than 250 persons per square mile and having no town with a population in excess of 50,000 within the area.
 - c. For information regarding MSSA designation, contact the Office of Statewide Health Planning and Development (OSHDP) at (916) 654-2884 or www.oshpd.ca.gov
2. SAMW Program: Applicants for SAMW Program funding shall establish that the clinic serves a minimum of 25 percent seasonal agricultural and migratory workers and their dependents.

**SAMW
Definitions**

- a. Seasonal Agricultural Workers: An individual whose principal employment is in agriculture (see d below), on a seasonal basis, as opposed to year-round employment; and who, for purposes of employment, does not establish a temporary place of residence. Seasonal workers commute to work in the area of their permanent address. Such employment must have been within the last twenty-four months.
- b. Migrant Worker: An individual whose principal employment is in agriculture on a seasonal basis, as opposed to year-round employment and who, for purposes of employment, does establish a temporary place of residence. Migrant workers live in a work area temporarily.
- c. SAMW Dependents: A dependent is any person living in the household (relative or non-relative) whose gross income is less than \$2,500/annually. The head of household must provide over one-half of the dependent's total support.
- d. Agriculture: Agriculture is farming in all its branches. and includes:
 - 1. The production of dairy products
 - 2. The production, cultivation, growing, and harvesting of any agricultural or horticultural commodities
 - 3. The raising of livestock, bees, or poultry
 - 4. Any practice performed by a farmer or on a farm as an incident to, or in conjunction with, such farming operations, including preparation for market, delivery to storage or to market, or to carriers for transportation to market.

**Proof of
Eligibility**

Evidence of appropriate HPSA, MUA, or MUP designation must be submitted with the application for funding for each clinic site for which application is being made. Documentation of HPSA, MUA, or MUP designation may be:

1. A copy of the designation letter from the U.S. Department of Health and Human Services, Bureau of Primary Care Services, Division of Shortage Designation;
2. A copy of a designation letter obtained from OSHPD.
3. The clinic's Federally Qualified Health Center (FQHC) number, or documentation that the clinic is a FQHC look-alike, or a federally designated Rural Health Center which automatically provides HPSA designation (Section 332 of the Public Health Service Act (42 U.S.C. 254e); or

If the items listed above are not available, the applicant must demonstrate that at least 50 percent of its patients have incomes that are at, or below, 200 percent of the federal poverty level at the site(s) for which funds are requested.

IV. APPLICATION REQUIREMENTS

Application Submission

Regardless of postmark or method of delivery, PRHCSB must receive an original application package and two copies on or before 5:00 PM, April 30, 2004. The package can be delivered or mailed. Please allow sufficient time for mailing. Faxed and e-mailed documents will not be accepted.

Incomplete or late applications may not be accepted. DHS reserves the right to reject any or all applications, as well as to make the final selection of applicants for funding. Completed applications should be mailed or delivered to:

Alice Childress, Chief
Rural Health Services Development and Seasonal
Agricultural Migratory Workers Programs
Department of Health Services
1615 Capitol Avenue, MS 8501
Post Office Box 997413
Sacramento, CA 95899-7413

General Instructions

While all the forms required for your application are included in this package, all forms and applicant information can also be downloaded from the internet at: <http://www.dhs.ca.gov/RHSD/SAMW>.

Applicants must submit one signed original application and two copies of the signed application package. The original must be clearly marked "**ORIGINAL**" on the front page. All documents submitted with the RFA must be typed using a **12-point Arial font**. Signature blocks on all original copies must be signed in **blue ink**. The original and copies must be stapled or bound by a binder clip on the upper left hand corner. An application submitted unsigned or without the required forms may be rejected without review.

Please see the Application Checklist (Attachment 1) for the required sequence of documents in the application.

A completed RFA application package must include the following:

1. A detailed table of contents;
2. Pages consecutively numbered in the lower right corner throughout the entire application, including required forms, charts or attachments; and
3. All required information in the correct sequence.

Agency Narrative

Applicants for RHSD Program funds must include a agency narrative description (not to exceed one single-spaced typewritten page) describing the service area and population served and the types of services provided by

the clinic(s) to the population.

Applicants for SAMW Program funds must include a narrative description (not to exceed one single-spaced typewritten page) describing and quantifying the seasonal agricultural and migratory workers and their families, served by the clinic(s), and the types of services provided by the clinic(s) to this specific population.

Applicants for both programs must include two separate narratives.

**Scope of Work
(SOW)
Requirements**

The SOW is the applicant's statement of goals and specific objectives to be accomplished with the program funds. The SOW will set the standard against which RHSD and SAMW program evaluations, site-visits, and audits will be measured. The SOW must be consistent with and justify the Budget.

A separate SOW form is required for each clinical component, each program (RHSD and SAMW), and each clinic site.

Applicants should complete the blank SOW forms using the samples provided as a guideline. Duplicate the blank SOW for each clinical component as necessary. (See Attachment 3)

The required components of the SOW are as follows:

Goal:

A general statement of the overall purpose of the proposed work.

Objective:

A measurable and quantifiable statement indicating:

- (a) How much of something is to be accomplished, (e.g., a specific number;
- (b) By whom (e.g., consultant or type of practitioner position and full-time equivalent); and
- (c) To whom (e.g., participants, patients, etc.).

Major Activities:

Identify all activities that must be accomplished in order to achieve the objectives. The activities must identify the specific steps the applicant will take to achieve the objectives (e.g., contact the targeted populations, contact health care personnel, set up appointments, and follow-ups, etc.)

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Time-line:

Time-lines should be specific and apply to each activity identified. Time-lines may be actual dates (XX/XX/XX), a range of dates (XX/XX/XX through XX/XX/XX), ongoing e.g., re-occurring at regular intervals, (monthly, quarterly, or annually).

Responsible Party and Activity Standards

Indicate the party responsible for activities and indicate what percentage of Full Time Equivalent (FTE) will be used (e.g., nurse practitioner .5 FTE). The following productivity standards for each FTE are required for the primary health care component:

1 FTE = 2,080 hours per year.

- (a) Physician – 4,200 patient encounters per year
- (b) Dentist – 1,800 patient encounters per year
- (c) Mid-level practitioner (i.e., physician's assistant, nurse Practitioner, or certified nurse midwife) – 2,100 patient encounters per year
- (d) Registered nurse, licensed vocational nurse, dental hygienists, dental assistants, and allied health support staff - no annual standards

Performance Measure and/or Deliverables:

Include a plan to measure the outcomes resulting from project funding and the criteria to determine the project's success. It should also include the type and quantity of specific work products the applicant will produce.

**Budget
Requirements**

- A. The "Budget Detail Worksheet" is the applicant's proposed distribution of allocated funds to be expended in each of the grant years. **A separate Budget Detail Worksheet is required for each program (RHSD and SAMW), each grant fiscal year, and each clinic site.** (Refer to Attachment 4. Duplicate as necessary.) The Budget Detail Worksheet is a one-page document consisting of four numbered line items:
- 1. Personnel
 - 2. Operating Expenses
 - 3. Indirect Costs
 - 4. Other Costs

Following is a detailed description of each line item:

1. Personnel

Personnel funded through this RFA are limited to: staff positions directly involved in providing primary care, i.e., General Practitioner, Family Practitioner, nurse practitioner, physician's assistant, medical assistants, license vocational nurse, registered nurse, health educator, health education aide, community health aides, nutritionists, dentist and dental hygienist, etc. The Personnel Line Item consists of two components - *Salaries & Wages* and *Fringe Benefits*.

a. Salaries & Wages

Salaries and wages must be itemized by classification. For each classification, complete the following columns on the Budget Detail Worksheet (Attachment 4).

- (1) Classification/Job Title
- (2) Full-Time Employee Equivalent (FTE) for RHSD and SAMW Programs
- (3) Full-Time Annual Salary Per Classification/Job Title
- (4) Amounts Paid By This Grant

b. Fringe Benefits

Fringe benefits may be budgeted for the classification(s) being funded under the *Salaries & Wages* component. Fringe benefits may not exceed 32 percent of the total *Salaries & Wages*. Fringe benefits paid under this grant must be consistent with the corporation's administrative policies regarding fringe benefits. The fringe benefits component includes, but is not limited to, the following:

- (1) Medical benefits
- (2) Workers' compensation
- (3) Unemployment insurance
- (4) Disability insurance

2. Operating Expenses

The *Operating Expenses* Line Item includes, but is not limited to, the following:

- (a) Travel and per diem (must be consistent with state travel guidelines on the Internet at www.sam.dgs.ca.gov - State Administrative Manual).

(b) Facilities

- (1) Rent/lease
- (2) Insurance
- (3) Utilities
- (4) Janitorial services
- (5) Security services

(c) Other Operating Expenses

- (1) Office supplies
- (2) Communication
- (3) Printing/duplication
- (4) Audit expenses
- (5) Staff training
- (6) Registration and membership fees

This list is not all-inclusive. Applicants may budget other operating expenses that must be specifically identified. Such costs may be allowed at the discretion of the DHS.

3. *Indirect Costs*

The *Indirect Costs* Line Item includes expenses for administrative/support services that are not directly attributable to one program. Indirect costs are restricted to an amount not to exceed 10 percent of the *total Salaries and Wages*, excluding *Fringe Benefits*.

All costs budgeted under the *Indirect Costs* Line Item must be supported by a cost allocation plan. A cost allocation plan documents those allowable costs that are attributable to more than one program and provides a basis for allocating those costs to the programs. Cost allocation plans are **not** submitted with the RFA but must be retained on file by the grantee for audit purposes.

4. *Other Costs*

The *Other Costs* Line Item includes the following:

- (a) Conferences
- (b) Special projects
- (c) Subcontracts and other items not included above

Subcontract costs may include contracted personnel services, such as an on-call physician, nurse, or bookkeeping services.

B. "Anticipated Incoming Funds by Source For Entire Corporation Fiscal Year 2004-2005" (Attachment 5) requires the listing of all funding sources received by the corporation. Please include all federal,

state, local grants, contracts, and agreements for health services.

**C. *THE STATE RESERVES THE RIGHT TO NEGOTIATE ALL
BUDGETARY ITEMS.***

**Other
Required
Documents**

In addition to the agency narrative, SOW and Budget Requirements, the following items must be included in each application:

1. Application Check List (Attachment 1)
2. Applicant Information Sheet (Attachment 2)
3. Authorization to Bind Corporation (Attachment 6)
4. Current list of the Clinic's Board of Directors (Attachment 7)
5. Copy of the clinic's current state license issued by DHS
6. Copy of the agency's and clinic's current organizational chart
7. Copy of the clinic's current certificate of malpractice insurance
8. Service area map and list of census tracts included in each clinic's service area
9. Documentation that each clinic site operates in a HPSA, MUA, or MUP (refer to Section III), or documentation that at least 50% of the patients have incomes at or below 200% of the federal poverty level
10. RHSD Program Applicants:

Documentation that each clinic site operates in a rural MSSA. For current information contact OSHPD at www.oshpd.ca.gov or (916) 654-2884.

11. SAMW Program Applicants:

Documentation that each clinic site serves a total patient clientele comprised of at least 25 percent seasonal agricultural and migratory workers and their dependents. For current information contact OSHPD at www.oshpd.ca.gov or (916) 654-2884.

**Written
Questions
About the RFA**

Should you have questions regarding this RFA, they must be in writing and received by PRHCSB no later than March 30, 2004. Questions should be concise and reference the section of the RFA being addressed. **These questions should be faxed, e-mailed or mailed to:**

Fax: (916) 449-5777
e-mail: achildre@dhs.ca.gov

Mail:

Alice Childress, Chief
Rural Health Services Development and Seasonal
Agricultural Migratory Workers Programs
Department of Health Services
1615 Capitol Avenue, MS 8501
P.O. Box 997413
Sacramento, CA 95899-7413

Responses to applicants' questions will be posted on PRHCSB's website

<http://www.dhs.ca.gov/RHSD/SAMW>

V. FUNDING METHODOLOGY

Background

In 1999, the PRHCSB in compliance with H&S Code Sections 124560 (a) (b) (c) and 124710 (a) (3) (c), convened a work group comprised of clinic representatives to develop and recommend a formula for allocation of funds for the RHSD and SAMW FY 2000-2003 grant cycle. The PRHCSB adopted the 1999 work group's recommended formula. The PRHCSB conducted a survey of clinics in 2003. Results indicated that clinics overwhelmingly supported the funding formula and recommended that it not be altered. PRHCSB will continue to apply the workgroup's recommended formula as follows for FYs 2004-2007.

1. *"Maintenance of Effort":*

- a. Contingent on adequate funds being available in the annual State Budget Act, all eligible clinics that participated in the RHSD and/or SAMW Programs during FY 2003-04 will continue to receive a minimum of 90 percent of their FY 2003-04 allocations. (These previously funded clinics are considered "continuing" clinics.)
- b. Note: The funds for "Maintenance of Effort" will be allocated to individual continuing clinic sites. This will take into consideration continuing clinic sites that have

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undergone a change in ownership.

2. “Need”:

- a. The remainder (after Maintenance of Effort funds have been deducted) of each fiscal year’s appropriation and any additional funds that may become available, will be allocated based on need (as described below). All continuing clinics and any new eligible applicant clinics that meet general and specific program requirements delineated in Section III of this RFA will be eligible for these funds.
- b. Any funds previously awarded to clinics no longer in operation or not applying will be included with the funding for the “Need” component.
- c. For new SAMW clinics, a two-tier system determines the minimum amount that a clinic will be awarded. For new clinics with a patient clientele of 50 percent or more (Tier 1) seasonal agricultural or migratory workers and their dependents, a minimum of \$75,000 will be awarded. For clinics with a patient clientele comprised of between 25 and 49 percent (Tier 2) seasonal agricultural or migratory workers and their dependents, a minimum of \$50,000 will be awarded.
- d. Assuming adequate funding is available, no clinics will receive less than \$50,000. No SAMW **Tier 1** clinic or RHSD funded clinic will receive less than \$75,000.

3. Components for Allocation of Funds Based on “Need”:

The following components and weights will determine funding amounts for need:

COMPONENT	WEIGHT FOR RHSD	WEIGHT FOR SAMW
Indigent Population	30%	45%
Uncompensated Care	30%	35%
Linguistic Isolation	15%	20%
Geographic Isolation	25%	
Total	100%	100%

For specific details regarding the application of the weighted factors, see Exhibit 2.

Indigent Population

The indigent population is measured by the percent of clinic patients whose incomes are at or below 200 percent of the federal poverty level (FPL).

Uncompensated Care

Information in the Annual Utilization Report is used to measure uncompensated care. Specifically, sliding fee scale write-offs and bad debts are added together and divided by the charges reimbursed at 100 percent to obtain a measure of uncompensated care.

Linguistic Isolation

Linguistic isolation is measured by the percent of clinic patients that do not speak English.

Geographic Isolation

Geographic isolation is a component of need in RHSD Program funding only. It is not a factor in SAMW Program funding. The population density of the MSSA in which it is located measures a clinic's geographic isolation.

Final Funding Allocation

For continuing clinics, the final awards will be based on the totals of the maintenance of effort component (90%) added to the need-based funding component (10%).

For newly funded clinics, funding will be based on the need-based component as described above and the minimum statutory funding requirements.

Note: In order to achieve an equitable and balanced statewide distribution, the PRHCS Branch may consider location in determining awards.

VI. APPLICATION REVIEW, AWARD, AND APPEAL PROCESSES

Application Review Process	All applications will be reviewed for completeness and compliance with all the instructions within the RFA. Omission of any required document or form, failure to use required formats for response, or failure to respond to any requirement may lead to rejection of the application prior to review.
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Award Process	Applicants selected for funding will be notified via “award letters”. Grant negotiations will occur following distribution of the award letters. The PRHCSB reserves the right to negotiate the Budget Detail Worksheet and Scope of Work (SOW), and not award a grant agreement if changes cannot be mutually agreed upon. If a successful applicant fails to finalize the grant agreement, the PRHCSB reserves the right to withdraw the award.
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Appeal Process	An applicant denied funding may appeal the Department’s decision. Please see Exhibit 1 for a description of the appeal process.
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VII. GRANTEE RESPONSIBILITIES

Grantee Responsibilities

Grantees must have the administrative ability to manage state funds and the technical expertise to successfully coordinate and implement proposed project activities. The grantee must maintain the following administrative functions to comply with the DHS grant agreement.

1. Payroll Procedures

Maintain standard payroll procedures, including state and federal tax withholding requirements. The procedures must designate who in the agency may sign payroll time cards, requisitions, and invoices.

2. Accounting Procedures

Maintain books, payroll records, documents, and ledgers following accounting procedures and practices that reflect all direct and indirect expenses related to the contract. The records shall be kept and made available to the DHS for three years from the date of the final grant payment, or longer if an audit finding is under appeal.

3. Maintenance of Records

Maintain accurate records pertaining to program implementation documenting the number of people served, materials developed, and activities conducted. Personnel information relating to individuals receiving services must be confidential.

4. Staff Training

Provide clinic staff with the appropriate training and experience to fulfill the SOW objectives, and if needed, must provide fiscal and administrative staff with training to fulfill payroll and accounting procedures.

5. Patient Rights

Provide services in a manner that respects the beliefs, privacy, and dignity of the patient, and the rights of patients to accept or reject services.

6. Grant Monitoring

Make appropriate personnel and documentation available to State staff for grant monitoring, on-site program evaluations, and fiscal audits.

**Reporting
Requirements**

Timely submission of reports is required. Except for the first prospective payment of the first year, DHS approval of reports is necessary before grant funds will be released to grantees. Required reports include the following:

1. Quarterly Progress Report (QPR) on the Scope of Work (SOW) that reflects the performance on the SOW and problems or compliance issues. Quarterly reports are to be submitted within 30 days of the end of each quarter.
 2. Budget Expenditure Report (BER), due December 31 and May 30, that reflects expenditures on the budgeted items for the reporting period and cumulative expenditures, as well as any budget problems arising during that reporting period.
 3. Annual Reconciliation Report (ARR) that reconciles expenditures with the approved budget and is due within 30 days after the end of the fiscal year.
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**Payment
Schedule**

Successful applicants will receive payment according to the following schedule per Health and Safety Code Section 124745:

1. An amount equal to not more than 50 percent of the total annual grant shall be processed for payment contingent upon the following:
 - a. formal execution of the grant agreement
 - b. availability of funds and enactment of the annual Budget Act
 - c. submission by the grantee of a written request for payment.

NOTE: During the second and third fiscal years of the three-year grants, the payment of the first prospective payment of up to 50 percent of the annual grant total will occur subject to the following conditions:

- a. availability of funds and enactment of the annual Budget Act
 - b. submission by the grantee of a written request for payment.
-

2. A second prospective payment of not more than 40 percent of the annual grant award shall be available after January 1 of each grant year, subject to the following conditions:
 - a. submission by the grantee of a written request for payment
 - b. timely and accurate submission of the first Quarterly Progress Report and first Budget Expenditure Report
 - c. DHS approval of quarterly progress and budget expenditure reports.
3. An amount equal to at least 10 percent of the total annual grant award, retained by DHS pending satisfactory submission by the grantee of all required reports and approval by DHS of those reports, will be paid retroactive to the relevant fiscal year.

Note: An advance payment of not more than 25 percent of the total annual grant award may be requested pending execution of the grant. If the grant is not finally approved, the grantee shall repay the full amount of the advance. Any grantee receiving an advance payment will then receive no more than the balance to equal 50% of the total annual grant award upon execution of the grant.

ATTACHMENTS

Attachment 1	APPLICATION CHECKLIST
Attachment 2	APPLICANT INFORMATION
Attachment 3	SCOPE OF WORK (3 pages) <i>(Duplicate as necessary)</i>
Attachment 4	BUDGET DETAIL WORKSHEET <i>(Duplicate as necessary)</i>
Attachment 5	ANTICIPATED INCOMING FUNDS BY SOURCE FOR ENTIRE CORPORATION
Attachment 6	AUTHORIZATION TO BIND CORPORATION
Attachment 7	BOARD OF DIRECTORS

APPLICATION CHECK LIST

A completed application shall include these components, in the following order:

- ☐ Application Check List (Attachment 1)
- ☐ Applicant Information Sheet (Attachment 2)
- ☐ Table of Contents
- ☐ Narratives
- ☐ Scopes of Work (Attachment 3)
- ☐ Budget Detail Worksheet (Attachment 4)
- ☐ Anticipated Incoming Funds by Source for Entire Corporation (Attachment 5)
- ☐ Authorization to Bind Corporation (Attachment 6)
- ☐ Current list of the Clinic's Board of Directors (Attachment 7)
- ☐ Copy of the clinic's current state license issued by DHS
- ☐ Copy of the agency's and clinic's current organizational chart
- ☐ Copy of the clinic's current certificate of malpractice insurance
- ☐ Service area map and list of census tracts included in each clinic's service area
- ☐ Documentation that each clinic site operates in a HPSA, MUA, or MUP (refer to Section III), or documentation that at least 50% of the patients have incomes at or below 200% of the federal poverty level
- ☐ RHSD Program Applicants:

Documentation that each clinic site operates in a rural MSSA. For current information contact OSHPD at www.oshpd.ca.gov or (916) 654-2884.
- ☐ SAMW Program Applicants:

Documentation that each clinic site serves a total patient clientele comprised of at least 25 percent seasonal agricultural and migratory workers and their dependents. For current information contact OSHPD at www.oshpd.ca.gov or (916) 654-2884.

LEGAL CORPORATE NAME (APPLICANT)		
MAILING ADDRESS		
PHYSICAL LOCATION (If different from mailing address)		
TELEPHONE NUMBER ()	E-MAIL/WEB ADDRESS	FAX NUMBER
CONTACT PERSON	FISCAL OFFICER	
TYPE OF APPLICATION (Check one or both) <div style="display: flex; justify-content: space-around; align-items: center;"><input type="checkbox"/> RHSD PROGRAM <input type="checkbox"/> SAMW PROGRAM</div>		

FUNDS REQUESTED FOR EACH CLINIC SITE ANNUALLY

CLINIC NAME AND ADDRESS	RHSD	SAMW	OSHPD 9-digit COMMUNITY CLINIC LICENSE NUMBER OR INDICATE IF EXEMPT
	\$	\$	
ANNUAL TOTAL	\$	\$	
LIST COUNTIES SERVED BY ALL CLINICS:			

EXECUTIVE DIRECTOR *(Typed Name)*

BOARD CHAIRPERSON *(Typed Name)*

SIGNATURE

SIGNATURE

DATE

DATE

Grantee’s Name
Grant No.
ATTACHMENT 3

SCOPE OF WORK
PRIMARY CARE

SITE:

Goal:
Objective:

☐ **RHSD** ☐ **SAMW**

Activities	Time Line	Responsible Party/FTE	Performance Measure and/or Deliverables

Grantee's Name
Grant No.
ATTACHMENT 3

SCOPE OF WORK
Health Education

SITE:

Goal:
Objective:

☐ **RHSD** ☐ **SAMW**

Activities	Time Line	Responsible Party/FTE	Performance Measure and/or Deliverables

Grantee's Name

Grant No.

ATTACHMENT 3

SCOPE OF WORK
Nutrition

SITE:

Goal:

Objective:

☐ RHSD ☐ SAMW

Major Functions, Tasks, and Activities	Time Line	Responsible Party/FTE	Performance Measure and/or Deliverables

Grantee's Name
Grant No.
ATTACHMENT 3

SCOPE OF WORK
ACCESS TO HEALTHCARE SERVICES

SITE:

Goal:
Objective:

☐ RHSD ☐ SAMW

Activities	Time Line	Responsible Party/FTE	Performance Measure and/or Deliverables

BUDGET DETAIL WORKSHEET

APPLICANT:		CLINIC SITE:	
CHECK ONE: <input type="checkbox"/> RHSD <input type="checkbox"/> SAMW		CHECK ONE ONLY: FY 2004/05 <input type="checkbox"/> FY 2005/06 <input type="checkbox"/> FY 2006/07 <input type="checkbox"/> <u>OR</u> if same budget each year <input type="checkbox"/>	
1. PERSONNEL			
CLASSIFICATION/JOB TITLE	FTE (RHSD/SAMW PROGRAMS <u>ONLY</u>)	FULL TIME ANNUAL SALARIES OR WAGES	COSTS PAID BY THIS GRANT
			\$
SALARIES AND WAGES			\$
FRINGE BENEFITS			\$
TOTAL (PERSONNEL)			(1) \$
2. OPERATING EXPENSES			
			\$
TOTAL (OPERATING EXPENSES)			(2) \$
3. INDIRECT COSTS			
			(3) \$
4. OTHER COSTS			
			\$
TOTAL (OTHER COSTS)			(4) \$
TOTAL BUDGET (Sum of line items 1 thru 4)			\$

ANTICIPATED INCOMING FUNDS BY SOURCE FOR ENTIRE CORPORATION FISCAL YEAR 2004-2005

APPLICANT:		
LIST ALL FEDERAL, STATE AND LOCAL GRANTS, CONTRACTS, AND AGREEMENTS FOR HEALTH SERVICES		
NAME OF PROGRAM FUND SOURCE	FUNDING AMOUNT (ESTIMATES IF ACTUAL NOT KNOWN)	FUNDING PERIOD (DATES)
FEDERAL		
	\$	
STATE		
	\$	
LOCAL		
	\$	
PRIVATE		
	\$	
TOTAL FOR ALL SOURCES:	\$	

AUTHORIZATION TO BIND CORPORATION

The Board of Directors of _____, in a duly executed
(Clinic/Corporation Name)
meeting held on _____ and where a quorum was present, resolved to
(Date)
authorize:

_____	and/or designee	_____
<i>(Typed Name)</i>		<i>(Typed Name)</i>
_____		_____
<i>(Title)</i>		<i>(Title)</i>
_____		_____
<i>(Signature)</i>		<i>(Signature)</i>

to negotiate and sign the *Rural Health Services Development* and/or *Seasonal Agricultural and Migratory Workers Program* application and any grant that may result.

The undersigned hereby affirms that the statements contained in this application package are true and complete to the best of the applicant's knowledge, and accepts as a condition of a grant award the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations. The undersigned recognizes this is a public document and open for public inspection.

AUTHORITY TO CONTRACT:

If someone other than the Corporate Board of Director's Chairperson is to negotiate and sign any resultant grant of this application, a letter of agreement and authorization must be signed and dated by the Board of Director's Chairperson, indicating the name of such person and stating that person's area of responsibility in this matter.

Board Chairperson: _____
(Typed Name)

(Chairperson's Signature)

(Date)

BOARD OF DIRECTORS

PLEASE TYPE

[illegible]

EXHIBITS

EXHIBIT 1

APPEALS PROCESS

EXHIBIT 2

FUNDING METHODOLOGY
Weighted Components

EXHIBIT 1

HEALTH ADMINISTRATIVE MANUAL CONTRACTS

APPEALS PROCESS

Appeals process Any applicant not selected for this funding will be notified of the denial in writing. Applicants denied funding may appeal the Department's decision. The appeal process is set forth below.

Grievance A grievance exists when an applicant believes there is a dispute arising from DHS's action in awarding or failing to award a grant. Grievous situations include actions to continue or failure to continue the agreement into a new contract cycle and actions to terminate an existing agreement prior to the stated expiration date.

Responsible Party	Comments
Appellant	<p>The applicant shall send the appeal to the Deputy Director of the Primary Care and Family Health Division within 15 working days of notification of an alleged action by DHS. The grievance must state the issues in dispute, the legal authority or other basis for the applicant's position, and the remedy sought. The Deputy Director or designee must respond to an applicant's appeal within 20 working days of receipt of the grievance and a hearing must be scheduled, conducted, and a decision rendered by DHS within 60 working days of the filing of the grievance by the applicant.</p> <p>The decision of the Deputy Director or designee shall be final. There is no further administrative appeal.</p> <p>Send Appeals to:</p> <p>Catherine Camacho, Deputy Director California Department of Health Services Primary Care and Family Health 1501 Capitol Avenue MS 8000 P. O. Box 997413 Sacramento, CA 95899-7413</p>

EXHIBIT 2

FUNDING METHODOLOGY - WEIGHTED COMPONENTS

Indigent Population

The indigent population is measured by the percent of clinic patients at or below 200 percent of the federal poverty level (FPL). Figures to perform the calculation are provided in the OSHPD Annual Utilization Report of Primary Care Clinics (Annual Utilization Report). The score for this component is determined by deriving the percent of clinic patients at or below 200 percent of FPL (by dividing the number of indigent patients by the number of total clinic patients) and multiplying that figure by the weighting factor (30% for RHDS and 45% for SAMW).

Uncompensated Care

Information in the Annual Utilization Report is used to measure uncompensated care. Specifically, sliding fee scale write-offs and bad debts are added together and divided by the charges reimbursed at 100 percent to obtain a measure of uncompensated care. The score for this component is determined by calculating the write-offs and bad debts as a percentage of charges reimbursed at 100 percent and then applying the weighting factor (30% for RHDS and 35% for SAMW).

Linguistic Isolation

Linguistic isolation is measured by the percent of clinic patients that do not speak English. This percent is reported in the Annual Utilization Report, which asks, *“Please provide the percentage of your patient population that does not speak English.”* The score for this component is determined by multiplying the percent of patients that do not speak English by the weighting factor (15% for RHDS and 20% for SAMW).

Geographic Isolation

Geographic isolation is a component of need in RHSD Program funding only. It is not a factor in SAMW Program funding. The population density of the MSSA in which it is located measures a clinic’s geographic isolation. Population density is calculated by dividing the civilian non-institutionalized population by the area in square miles. MSSA information is provided by OSHPD at www.oshpd.ca.gov. The score for this component is determined by subtracting the MSSA’s (where the clinic is located) population density from 250 (from the OSHPD definition of the maximum population density of rural MSSAs), converting this calculation to a percent, and multiplying the percent by the weighting factor (25% for RHSD clinics only).

Final Funding Allocation

For continuing clinics, the final awards will be based on the totals of the maintenance of effort component (90%) of prior year's funding award added to the need-based funding component (balance of appropriation). The need-based component is determined by deriving an index value (the amount of dollars available for this component divided by the total number of points scored by all of the eligible clinics) and multiplying the index by the score achieved by each clinic.

For newly funded clinics, funding will be based solely on the need-based component as described above. However, assuming adequate funding, no SAMW Tier II clinic will receive less than \$50,000 and no SAMW Tier 1 clinic or RHSD funded clinic will receive less than \$75,000.

Grantee's Name
Grant No.

sample

**SCOPE OF WORK
PRIMARY CARE**

SITE:

Goal: This should be a general statement of the overall purpose of the proposed work, i.e., “To improve the health outcomes of seasonal agricultural workers, migrant farm workers and their dependents.”**Objective:** This should be a measurable statement indicating who will receive the services and what the results of those efforts should be, i.e., “Provide 6,300 clinic-based, primary care services to seasonal agricultural workers, migrant farm workers and their dependents.”☐ **RHSD** ☒ **SAMW**

Activities	Time Line	Responsible Party/FTE	Performance Measure and/or Deliverables
The Nurse Practitioner (NP) will deliver a minimum of 2,100 primary care services, including CHDP, physical examinations, follow-up treatments, referral to specialists, and prescription of appropriate medications	Ongoing (7/1/04 thru 6/30/05)	1 FTE Nurse Practitioner	The clinic Medical Director will monitor the NP's activities weekly and report to the QA Committee monthly. Quarterly reports recording all activity will be mailed to DHS
The Pediatrician will provide a minimum of 4,200 medical examinations	Ongoing (7/1/04 thru 6/30/05)	1 FTE Pediatrician	The Pediatrician will log and record all examinations. Quarterly reports recording all activity will be mailed to DHS

sample

Grantee's Name
Grant No.**SCOPE OF WORK**
Health Education**SITE:****Goal:** This should be a general statement of the overall purpose of the proposed work, i.e., “Improve health status by providing clinic and community based, health education services to seasonal agricultural workers, migrant farm workers and their dependents.”**Objective:** This should be a measurable statement indicating who will receive the services and what the results of those efforts should be, i.e., “To provide health education to the target audience and demonstrate at least 80% competency level on presented material.”☐ **RHSD** ☒ **SAMW**

Activities	Time Line	Responsible Party/FTE	Performance Measure and/or Deliverables
Provide 1000 one-on-one clinic patient education sessions annually	7/1/04 thru 6/30/05	Health Educator	Quarterly/Annual Progress Reports Appointment Schedules Patient Records
Annually Conduct 35 group sessions for patients	7/1/04 thru 6/30/05	Health Educator	Quarterly/Annual Progress Reports Appointment Schedules Patient Records Sign-in sheets
Conduct 4 clinic staff training sessions annually	7/1/04 thru 6/30/05	Health Educator	Quarterly/Annual Progress Reports Sign-in Sheets

sample

Grantee's Name
Grant No.

SCOPE OF WORK

Nutrition

SITE:

Goal: This should be a general statement of the overall purpose of the proposed work, i.e., “Improve health status by providing clinic and community based, nutrition services to seasonal agricultural workers, migrant farm workers and their dependents.”

Objective: This should be a measurable statement indicating who will receive the services and what the results of those efforts should be, i.e., “To provide nutritional education to the target audience and demonstrate at least 80% competency level on presented material.”

☐ RHSD ☒ SAMW

Activities	Time Line	Responsible Party/FTE	Performance Measure and/or Deliverables
Provide 1000 one-on-one clinic patient education sessions annually	7/1/04 thru 6/30/05	Nutritionist	Quarterly/Annual Progress Reports Appointment Schedules Patient Records
Conduct 35 group sessions for clients	7/1/04 thru 6/30/05	Nutritionist aide	Quarterly/Annual Progress Reports Appointment Schedules Patient Records Sign-in sheets
Conduct 4 clinic staff training sessions	7/1/04 thru 6/30/05	Nutrition aide/promatores	Quarterly/Annual Progress Reports Sign-in Sheets

sample

Grantee's Name
Grant No.**SCOPE OF WORK**
Access to Healthcare Services**SITE:**

Goal: This should be a general statement of the overall purpose of the proposed work, i.e., “To increase access to health related services within the target communities. “

Objective: This should be a measurable statement indicating who will receive the services and what the results of those efforts should be, i.e., “Increase awareness of health care services to seasonal agricultural workers and migrant farm works and their dependents by providing information at community meetings and producing and making available a video.”

☐ **RHSD** ☒ **SAMW**

Activities	Time Line	Responsible Party/FTE	Performance Measure and/or Deliverables
Hold 4 community meetings annually on preventive issues including but not limited to childhood immunizations, pesticide exposure, nutritional programs, or geriatric issues	7/1/04 – 6/30/05	Public Health Nurse	Quarterly/Annual Progress Reports and sign in sheets
Develop promotional material, i.e., video to promote breastfeeding. Will conduct 4 viewings in the community during 2005	7/1/04 – 6/30/05	Health Educator	Video Quarterly/Annual Progress Reports
Hold 5 community meetings to inform and educate the community on the utilization of medical care opportunities at the applicant's community clinics or within the community-at-large	7/1/04 – 6/30/05	Promotores	Quarterly/Annual Progress Reports Brochures, flyers, handouts

BUDGET DETAIL WORKSHEET

APPLICANT: Heathfield Primary Care Clinic		CLINIC SITE: Healthfield	
CHECK ONE: <input checked="" type="checkbox"/> RHSD <input type="checkbox"/> SAMW		CHECK ONE ONLY: FY 2004/05 <input type="checkbox"/> FY 2005/06 <input checked="" type="checkbox"/> FY 2006/07 <input type="checkbox"/> OR <input type="checkbox"/> Same budget each year	
1. PERSONNEL			
CLASSIFICATION/JOB TITLE	FTE (RHSD/SAMW PROGRAMS <u>ONLY</u>)	FULL TIME ANNUAL SALARIES OR WAGES	AMOUNTS PAID BY THIS GRANT
Physician Assistant	.90	\$59,800	\$53,820
Medical Assistant	1.0	\$27,040	\$27,040
Receptionist	.67	\$20,800	\$13,936
SALARIES AND WAGES			\$94,796
FRINGE BENEFITS			\$17,262
TOTAL (PERSONNEL)			(1) \$112,058
2. OPERATING EXPENSES			
RENT			\$8,243
CPA AND AUDIT EXPENSE			\$2,959
TOTAL (OPERATING EXPENSES)			(2) \$11,202
3. INDIRECT COSTS			
			(3) \$15,628
4. OTHER COSTS			
			\$0
TOTAL (OTHER COSTS)			(4) \$0
TOTAL BUDGET (Sum of line items 1 thru 4)			\$138,888

